

**U.S. Department of Transportation
Federal Aviation Administration**

Airman Certificate and/or Rating Application

I. APPLICATION INFORMATION (Mark 'X' in all the blocks applicable to the certificate or rating for which you are applying):

Certificates		Ratings				Other Information/Requests								
Pilot: <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Flight <input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Ground <input type="checkbox"/> ATP-Restricted <input type="checkbox"/> ATP		Instructor: <input type="checkbox"/> ASE <input type="checkbox"/> AME <input type="checkbox"/> Land <input type="checkbox"/> Sea <input type="checkbox"/> Helicopter <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Airship <input type="checkbox"/> Powered-Lift Type Rating: <input type="checkbox"/> Added Rating		Instrument: <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered-Lift <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered-Lift		Ground Instructor: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Instrument		<input type="checkbox"/> Initial <input type="checkbox"/> Reexamination <input type="checkbox"/> Instrument Proficiency Check <input type="checkbox"/> Renewal <input type="checkbox"/> Reissuance <input type="checkbox"/> Medical Flight Test <input type="checkbox"/> Reinstatement <input type="checkbox"/> Flight Review <input type="checkbox"/> Limitation Removal Specify other: <input type="checkbox"/> IPL						
A. Name (Last, First, Middle) Wright, Wilbur, William			B. SSN (US Only) 869-23-6754		C. Date of Birth 09/26/2060 MMDDYYYY		D. Place of Birth (City and State) or (City and Country) Baltimore, Maryland							
E1. Residential Address (Including City, State, Zip Code, and Country) 1300 Sugarwood Cricle Baltimore, Maryland 21221				E2. Mailing Address (This address will be printed on the permanent airman certificate, if different than block E1.)			F. Citizenship / Nationality <input type="checkbox"/> USA <input checked="" type="checkbox"/> Other specify:		G. Do you read, speak, write, & understand the English language? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
M. Do you hold, or have you ever held an FAA pilot certificate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		M1. Grade of Certificate ASEL		M2. Certificate Number 9642351		M3. Date Issued 01/23/2078			H. Height (inches) 5.9		I. Weight (pounds) 145	J. Hair Color Brown	K. Eye Color Brown	L. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
N. Do you hold, or have you ever held a Medical Certificate? <input checked="" type="checkbox"/> Yes - FAA <input type="checkbox"/> Yes - Foreign <input type="checkbox"/> Yes - Military <input type="checkbox"/> No		N1. Class of Certificate Second		N2. Name of Medical Examiner Dr. Charles Lindbergh			N3. Date Issued 01/15/2014			O. Have you ever been convicted for violation of any Federal or State statutes relating to narcotic drugs, marijuana, or depressant or stimulant drugs or substances? <i>Do not include alcohol offenses involving motor vehicle mode of transportation as those offenses are covered on the FAA Form 8500-8, Airman Medical Application Form.</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
O1. Date of Final Conviction														

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF:

<input checked="" type="checkbox"/> A. Completion of Test or Activity		1. Aircraft to be used (if flight test required) Piper J-3 Cub		2. Total time in this aircraft and/or approved FFS or FTD (hours):		a. Flight Time 300		b. As Pilot-in-Command 280		
<input type="checkbox"/> B. U.S. Military Competence or Experience		1. U.S. Military Service		2. Date Rated in U.S. Military		3. Rank or Grade				
<input type="checkbox"/> C. Graduate of an Approved Course		4. List Military aircraft for which you have:		a. logged pilot time or provided flight instruction (IP) (make and model)		b. passed an Instrument Proficiency Check (Pilot or CFI) - (make and model)				
<input type="checkbox"/> D. Holder of Foreign License		1. Training Agency or Training Center:		1a. Name		1b. Location (City and State)		1c. Certification Number		1d. Part 142? <input type="checkbox"/> Yes <input type="checkbox"/> No
		2. Curriculum From Which Graduated (Level, Category, and Class and/or Type Rating)						3. Date		
		1. Country that Issued the Foreign Pilot License		2. Grade of Foreign Pilot License		3. Foreign Pilot License Number				
		4. Ratings Held on Foreign Pilot License (FAA equivalent only - e.g. ASEL, AMEL, Type rating, etc.)								
<input type="checkbox"/> E. Air Carrier Training Program		1. Name of Air Carrier			2. Date Training Began		3. Accomplished Training Program <input type="checkbox"/> Initial <input type="checkbox"/> Upgrade <input type="checkbox"/> Transition <input type="checkbox"/> Recurrent			

III. RECORD OF PILOT TIME (Do not write in the shaded areas)

	Total	Instruction Received	Solo	PIC and SIC	Cross Country Instruction Received	Cross Country Solo	Cross Country PIC/SIC	Instrument	Night Instruction Received	Night Take-Off / Landing	Night PIC/SIC	Night Take-Off/Landing PIC/SIC	Number of				
													Flights	Aero-Tows	Ground Launches	Powered Launches	
Airplanes	425	125	10	PIC 380 SIC	2	25	PIC 25 SIC	32	5	10	PIC 0 SIC	PIC 0 SIC	Gliders				
Rotorcraft				PIC SIC			PIC SIC				PIC SIC	PIC SIC	Class Totals				
Powered Lift				PIC SIC			PIC SIC				PIC SIC	PIC SIC					Airplane
Gliders				PIC SIC			PIC SIC				PIC SIC	PIC SIC	Rotorcraft	Helicopter		Gyroplane	
Lighter-Than-Air				PIC SIC			PIC SIC				PIC SIC	PIC SIC	Lighter-than-air	Balloon		Airship	
FFS													FFS	SE	ME	Helicopter	
FTD													FTD				
ATD													ATD				

IV. Have you previously received a Notice of Disapproval or been denied for any reason for the certificate AND/OR rating for which you are applying? Yes No

V. APPLICANT'S CERTIFICATION: I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have received the Pilot's Bill of Rights Written Notification of Investigation that accompanies this form. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant	Date MM/DD/YYYY
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Instructor Action

Accepted Student Pilot Application - I have personally reviewed the applicant's information and verified the person meets the eligibility requirements and verified applicants identification
 Rejected Student Pilot Application
 Flight Review
 Instrument Proficiency Check
 Recommendation - I have personally instructed the applicant and consider this person ready to take the test.

Date 04/27/2020	Authorized Flight Instructor's Signature (Print Name and Sign) Bill Jones	Flight Instructor Certificate Number 4321769	Certificate Expiration Date 04/29/2017
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Air Agency's Recommendation

The applicant has successfully completed our _____ course, and is recommended for certificate or rating without further practical test.

Date	Agency Name and Number	Official Signature
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Designated Examiner or Airman Certification Representative Report

Accepted Student Pilot Application
 Rejected Student Pilot Application
 I have personally reviewed this applicant's pilot logbook and/or training record, and I certify that the individual meets the applicable requirements of 14 CFR Part 61 for the certificate or rating sought.
 I have personally reviewed this applicant's graduation certificate, and found it to be appropriate and in order, and have returned the certificate. (Original ATP CTP graduation certificate must be attached)
 I have personally tested and/or verified this applicant in accordance with pertinent procedures and standards with the result indicated below.
 I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.
 Approved - Temporary Certificate Issued (Original Attached)
 Disapproved - Disapproval Notice Issued (Original Attached)

Location of Test (Name of Facility or Airport, City, State)	Duration of Test		
	Ground / Oral	FFS / FTD	Flight

Certificate or Rating Being Applied For (Grade, Category, Class and/or Type Rating)	Type(s) of Aircraft Used	Registration Number(s)
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Date	Examiner's Signature (Print Name & Sign)	Certificate Number	Designation Number	Designation Expires
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Evaluator's Record (Use for All ATP Certificate(s) and/or Type Rating(s))

	Inspector	Examiner	Signature and Certificate Number	Date
Ground / Oral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Approved FFS/FTD Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Aircraft Flight Check	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Advanced Qualification Program	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Aviation Safety Inspector or Technician Report

I have personally tested this applicant in accordance with or have otherwise verified that this applicant complies with, pertinent procedures, standards, policies, and or necessary requirements with the result indicated below. (The approved box need only checked if the Inspector is the one that issued the temporary airman certificate)

I have personally delivered the Written Notification under the Pilot's Bill of Rights to the applicant.
 Approved - Temporary Certificate Issued (Original Attached)
 Disapproved - Disapproval Notice Issued (Original Attached)
 Accepted - Student Pilot Application
 Rejected - Student Pilot Application

Location of Test (Name of Facility or Airport, City, State)	Duration of Practical Test		
	Ground / Oral	FFS / FTD	Flight

Certificate or Rating Being Applied For (Grade, Category, Class and/or Type Rating)	Type(s) of Aircraft Used	Registration No.(s)
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Certification Activities: <input type="checkbox"/> Examiner's Recommendation Provided/Reviewed <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Application for Student Pilot Certificate Accepted <input type="checkbox"/> Reissue or exchange of pilot, CFI, or G.I. certificate <input type="checkbox"/> Change of name, nationality, gender or date of birth <input type="checkbox"/> SIC Type Rating issued under § 61.55(b) (Part 91)	<input type="checkbox"/> Ground Instructor Certificate Issued <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Instrument	<input type="checkbox"/> Flight Instructor Certificate Issued <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement Instructor Renewal Based On: <input type="checkbox"/> Activity <input type="checkbox"/> Training Course <input type="checkbox"/> Test <input type="checkbox"/> Duties and Responsibilities <input type="checkbox"/> Military Instructor Proficiency Check	Certificate or Rating Based on: <input type="checkbox"/> Approved FAA Qualification Criteria not Identified on Page 1 <input type="checkbox"/> Military Competency <input type="checkbox"/> Foreign License <input type="checkbox"/> Special medical test conducted - report forwarded to issuing medical office or AAM-300 <input type="checkbox"/> Special Test-Reexamination (44709) conducted <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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Training Course (FIRC) Name	Graduation Certificate Number	Date of FIRC Graduation Certificate
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Date	Inspector's Signature (Print Name & Sign)	Certificate Number	FAA Office (e.g. SO-15, WP-19)
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Attachments: <input type="checkbox"/> Certifying Statement <input type="checkbox"/> College Transcript (Official) <input type="checkbox"/> ATP CTP Graduation Certificate <input type="checkbox"/> Knowledge Test Report <input type="checkbox"/> Temporary Airman Certificate <input type="checkbox"/> Notice of Disapproval <input type="checkbox"/> Superseded Airman Certificate	Airman's Identification (ID) (US driver's license or passport recommended) Form of ID ID Number (If issued by State, include State) Expiration Date (must be valid) Telephone Number <input type="checkbox"/> Meets Aviation English Language Standard <input type="checkbox"/> Does Not Meet Aviation English Language Standard	Applicant Information (required if printed on 2 pages) Name Date of Birth Certificate Number E-Mail Address <input type="checkbox"/> Referred to FSO for Aviation English Language Standard Determination
REMARKS:		